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UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

CLERK
U.S. DISTRICT COURT
MINNEAPOLIS, MINNESOTA

Plaintiff(s),

(Enter the full name(s) of ALL plaintiff(s)
and prisoner number(s) in this action.)

Rayco D Traylor 246953

vs.

J Buck, J Moldenhauer, Dr. Silva
Benjamin Beechler (PA-C), Travis D olives (MD)
Ian Stokes(RN), ABBIE westlund(DO)
Stephen Smith (MD)

Case No. 24-cv-57 KMM/LIB

(To be assigned by Clerk of District Court)

DEMAND FOR JURY TRIAL

YES ☒ NO ☐

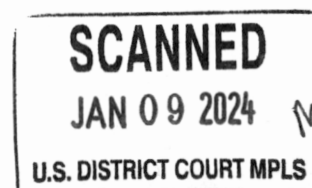
Defendant(s).

(Enter the full name(s) of ALL defendants in
this action. Please attach additional sheets
if necessary).

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS UNDER
42 U.S.C. § 1983

I. PREVIOUS LAWSUITS

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved



If there was more than one lawsuit, describe the additional lawsuits on a separate sheet of paper answering the same questions in the same order as above in Question 1(b). Label this information as Question 1(b).

Check here if additional sheets of paper are attached. ☒

II. PRESENT PLACE OF CONFINEMENT

A. Is there a prisoner grievance procedure in the institution? *N/A I was not a convicted Prisoner at the time*

☐ Yes

☐ No

B. Did you present the facts relating to your complaint in the prisoner grievance procedure?

☐ Yes

☐ No

C. If you answered "yes" to question II.B.:

1. What steps did you take:

2. What was the result?

Attach a copy of the decision or disposition received from the prisoner grievance procedure.

D. If you answered "no" to question II.B., explain why you did not present the facts relating to your complaint in a prisoner grievance procedure.

III. PARTIES

List your name, prisoner number, address and telephone number. Do the same for any additional plaintiffs. Attach an additional sheet of paper, if necessary.

A. Name of Plaintiff: *Rayco D Traylor*

Prisoner Number *246953*

Address *5329 Osborn Ave*
Stillwater, MN 55082

Additional Plaintiffs:

Provide each defendant's full name, official position, and place of employment. Attach additional sheets of paper, if necessary.

B. Name: J Beck

Official Position: Peace officer

Employer's Address:

Brooklyn Park Police Station / Hennepin County Sheriff's Office

Additional Defendants: See Civil Cover Sheet / Attached Paper (complaint w/ jury demand)

NOTE: IF THERE ARE ADDITIONAL PLAINTIFFS OR DEFENDANTS, PLEASE PROVIDE THEIR NAMES AND ADDRESSES ON A SEPARATE SHEET OF PAPER.

Check here if additional sheets of paper are attached: ☒

Please label the attached sheets of paper as II.A. for Plaintiffs and II.B. for Defendants.

IV. STATEMENT OF THE CLAIM

Describe in the space provided below the basic facts of your claim. Describe how each individual defendant is personally involved, including dates, places and specific wrongful acts or omissions by each defendant. Each factual allegation should be provided in separately lettered paragraphs, beginning with letter A. Do not make any legal arguments or cite any cases or statutes.

* See Attached Complaint Papers

- A. J Beck, Excessive Force / Assault Battery 9/5/22 Brooklyn Park Police Station / Squadcar Falsifying documentation
J Moldenhauer Excessive Force / Assault / Battery, failure to protect, falsifying documentation 9/5/22, BPPS / Squadcar
Travis D Oliver Denial of medical care / falsifying documentation 9/5/22 Hennepin County Medical Center
ABbie westlund Falsifying Documentation, Denial of medical care
Benjamin Bewcher Denial of medical care, falsifying documentation
Stephen W. Smith (MO) Denial of medical care
Dr Silva Denial of medical care
IAN Stokes Falsifying documents 9/5/22 @ 1645 / Hcmc

Attach additional sheets of paper as necessary.

Check here if additional sheets of paper are attached: ☒

Please label the attached sheets of paper to as Additional Facts and continue to letter the paragraphs consecutively.

V. REQUEST FOR RELIEF *See Attached papers for full complaint*

State briefly exactly what you want the Court to do for you. Do not make any legal arguments or cite any cases or statutes.

I (We) hereby certify under penalty of perjury that the above complaint is true to the best of my (our) information, knowledge, and belief.

Signed this *Dec* day of *30*, 2023

Signature(s) of Plaintiff(s)



Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide his/her mailing address and telephone number. Attach additional sheets of paper as necessary.